

TENNESSEE WING CHECK REQUEST

DATE OF REQUEST:

SQUADRON NUMBER:

UNIT NAME:

PHONE:

CHECK ISSUE TO:

STREET ADDRESS:

CITY, STATE, ZIP:

EMAIL ADDRESS:

ITEMIZED EXPENSES:

**** REQUESTOR OR PAYEE OF THE CHECK CANNOT BE AN "APPROVER" OF THE CHECK ****

DATE OF INVOICE	DESCRIPTION	EXPENSE CODE	AMOUNT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TOTAL AMOUNT OF CHECK:

IF CHECK AMOUNT IS \$500.00 OR MORE, FINANCE COMMITTEE APPROVAL MUST BE COMPLETED:

REQUESTOR: Print Name Signature Date

COMMANDER APPROVAL: Print Name Signature Date

FINANCE COMMITTEE

Print Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>
Print Name	<input type="text"/>	Signature	<input type="text"/>	Date	<input type="text"/>